



Customer Information Form

BUSINESS INFORMATION AS REGISTERED		
COMPANY NAME:		
ADDRESS		PHONE
CITY	STATE	ZIP CODE
TAX ID NUMBER		
RESALES CERTIFICATE ATTACHED Y/N		

ACCOUNTS PAYABLE CONTACT		NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
HOW WOULD YOU LIKE THE INVOICES SENT		MAIL OR EMAIL	

TYPE OF ACCOUNT			
PREPAID (CREDIT CARD AUTHORIZATION FORM ATTACHED) Y/N			
APPLYING FOR CREDIT	Y/N	AMOUNT OF CREDIT NEEDED	\$

CREDIT REFERENCE		NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

CREDIT REFERENCE		NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

525 BODWELL STREET, AVON, MA 02322
 PHONE: 508-587-5400
 FAX: 508-583-4971



CREDIT REFERENCE	NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY	STATE	ZIP CODE
COMMENTS		

COMPANY REPRESENTATIVES	
1 SIGNATURE	TITLE
NAME	DATE
2 SIGNATURE	TITLE
NAME	DATE